VS A15ME 5M 2/57

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ory, please	execute the certificate, writing the ford "pending" in pencil in Item 18. Give Pages 1, 2, and 3 true funeral director. Page 3 mm. 4 shauld be forwarded to the Ch. Medical Examiner's Office along with form PM3. Page 5 mm. elained for your files.	of Health, HIT	DEE)
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessory, please	efuneral direct	e State Board or death.	0	0
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hin 24 hours afte	Give Pages 1 vith form PM3.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours offer death.		
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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
7779	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

	EDICAL	EXAMINER'S	CERTIFICA	IE OF DEATI	Reg. Dist.	No.
PLACE OF DEATH G. COUNTY Calvert		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If i		1/4 " "
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ond give negrest fown) Chesapeake	Beach			IVERDALA		16 25,2
d. NAME OF HOSPITAL OR INSTITUTION		tol, give street oddress)	d. STREET ADDRESS		, ,,,,	e IS RESIDENCE
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B. NAME OF DECEASED (Type or print) I.F.	First O	Middle	BERGER	4. DATE OF DEATH	7	f 1958
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Oa. USUAL OCCUPATION (Give kind of working most of working life, even if retired working life.) 3. FATHER'S NAME	ork done 10b. KIN	nd of Business or Indust	BOTTEN 14. MOTHER'S MAIDEN	BORF, AUS.		N OF WHAT COUNTRY?
NARTIN ZIRI	YBENE	SEN		LEMET		
15. WAS DECEASED EVER IN U. S. ARMED I	FORCES? 16. SC	OCIAL SECURITY NO. 17. W	WAND. M		dron 5 9/1 3	ST, DL, NH
18. CAUSE OF DEATH [Enter only one of PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE	· DA		(INTERVAL BETWEEN ONSET AND DEATH
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uted win 18. Crm PM3			18. CAUSE OF DEATH [Enter only one cause per light for (6), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)
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writing mief Me DR: Pog			21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find the death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
MEDICAL rtificote, v to the Ch DIRECTO			ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER D
> SPA	-Ibvomi	2	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER (Type) DEPUTY MEDICAL EXAMINER (Type)
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Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in bospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES PNO NAME OF 4. DATE First Middle Lost Month Day Yeor DECEASED DEATH (Type or print) 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) Aonths Doys Hours Min. WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) all DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased fram. 19 ... that I last saw the deceased and that death accurred at alive an ADDRESS (Street, city or Jown, stote) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMEJERY OR CREMATORY 22d_LOCATION (City, town, or county) (Stote REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATUR 245 REGISTRAR'S SIGNATURE A. REC'D BY REGISTRAR

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5. SEX	W	WIDOWED Z	DIVORCED [Oct.	3,188	0	ost birthdoy) N	Aonths Days	Hours Mir
House u				DUSTRY 11. BIRT	rest (Co., 2	n)	12. CITIZEN O	A,
13. FATHER'S NAME	uder La	rielle		an	er's maiden n	ame deve	ek)		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give way or dates of	RCES? 16. SOCI	AL SECURITY NO. 12	augus	ta C	ransor	f - Thus	ulingto	wind he
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20c. TIME OF INJUR	Y Month, Doy, Ye	While	Not while	PLACE OF INJUR foctory, street, o	RY (Home, form, ffice bldg., etc.)	20f. (City or	town)	(County)	(Sto
21. I certify thative on	at I attended the	deceased f	//-		at/	/	ne causes one	d on the dat	aw the deced te stated ob
ACTUAL SIGNATURE	1 (Cae	Well	anel		5 8	ADDRESS (Street	city or town, sto	te)	DATE SIG
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270. BURIAL, CREMATIC REMOVAL (Specify)	July 10,	1958 C	brist C	y or cremator	Cem	Pt. Re	suffice.	- Cabret	Con Me
23. FUNERAL DIRECTOR	krow Y	- Som - 7	melual	, med.	DATE	UL 1 1 58	24b. REGISTR	AR'S SIGNATUR	t E

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital cattering physician.

TO FUNERAL DIRECTOR: After this visitore has been signed by the attending physician and complete itled in by the funeral director, page 3 should be detached for uses the burial-transit permit. Then please remove carbon papers. VS A15 (4) 15M 9/55

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File pages 1 and 2 with the Sgistrar prior to burial, cremetion TO DEPUTY MEDICAL EXAMINER: This certificate should be executed will cute the certificate, writing the word "pending" in pencil in Item 18. G forwarded to the Chief Medical Minner's Office along with form PM3.

TO FUNERAL DIRECTOR: Page 3 3 could be used as a burial-transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7786 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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b. CITY OR TOWN (If outside composes limits, write AURAL c. LENGTH OF STAY IN and give nearest lown)	N 1b c. CITY OR TOWN-UE outside surporate limits, write RURAL and	d give nearest town)
NAME OF HOSPITAL OR INSPITUTION/(If not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED First Middle (Type or print)	Lost 4. DATE OF DEATH	Day Year 6 1958
SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Mar Nindalan	PAR IF UNDER 24 HRS Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR IN during most of working life, even if retired) MECHENIC Mechan	1 71	IZEN OF WHAT COUNTR
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1- 1
WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 16. NO. or unknown) (If you give wor or doles of tryids) 26 70 50 572	17. INFORMANT Address	ons had
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	failure	INTERVAL BETVEEN ONSE AND PLATH
Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. (b)		
hied on arriva a	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR ED. (Enter nature of injury in Part II of item 18.)	PERFORMED? YES NO
	PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.) (Corporation)	ounty) (State)
21. I certify that I took charge of the remains described death resulted from: Natural causes Accident ,	above, held an Autopsy, Inspection, (nquin Suicide, Homicide, Undetermined cause	ry, and find the].
EXAMINER'S H, W, WARD	M.D. CHIEF MEDICAL EXAMINER Comps ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE BIGHED
20. BURIAL CREMATION, 22b. DATE THEREOF 22c. HAME OF CEMETERY Sund I poly 10, 1958 Rays Char	pel Cemetery McDaniel - Flore	uela (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE Lon - ADDRESS - Included	Quel 240. REC'D BY REGISTRAR 1984b. RECISTRAR'S SIG	GNATURE

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	is a feel that the first test of	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 should be Reg. Dist. No cremotian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND buriol, CITY OR TOWN III would corporate limits, write RURAL c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near delay is neces sral directar. I sur files. 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE QN & FARM? 00 egistrar priar YES NO NAME OF Middle 4. DATE Day Month uneral Your DECEASED DEATH (Type or print) 19 9. AGE (In your 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FUNDER TYPAR IF UNDER 24 HRS. Months Days Hours Min. retained 2 with WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or oreign country) during the state of working life even if retired) 12. CITIZEN OF WHAT COUNTRY? ond 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give war or dates of service) Give 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) alang with far burial-transit DUE TO Conditions, If ony, which gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. pending" in ner's Office IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PART II. OTHER SIGNIFICANT CONDI PERFORMED YES 🗍 NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJUSY SCOURED. (Enter nature of injury in Fort I or Port Waltern 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. P TO 20e. BLACE OF MURY (Home, form, foctory, street, office bldg., erc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f (County) g (Stote) EXAMINER: Not while writing the hief Medici OR: Page 3 ot work ot work p. m. 21/1 certify that I took charge of the remains described above, held an Autopsy/ Inspection Inquiry and find that to the Chief death resulted from: Natural causes , Accident . Suicide V Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE farwarded to FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 122b, DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24b. VS. A15ME(5) shuch 5M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 illed in by the funeral director, ages 1 and 2 shauld be filed with may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this efficate has been signed by the attending physician and camples and a should be detached for users the burial-transit permit. Then please remove carbon papers. I page 3 should be detached for users the burial-transit permit. Then please remove carbon pap the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

()7784 Reg. Dist. No.

7788	CERTIFIC	ATE OF DEATH	R	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY Calres +	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceosed lived. If institutions b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside carporate limits, write c. RURAL and give nearest tawn)	LENGTH OF STAY IN 16	0 0	de carporate limits, write RUR/	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION	ess)	d. STREET ADDRESS		Is residence On a farm? Yes
3. NAME OF DECEASED (Type or print) William	Middle T	ekar) 4.	DATE Month OF DEATH	Day Year 29, 1958
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED	9an. 4, 188	2 lost bithdoy) M	UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDI	Pettsbur	sh, Pa,	12. CITIZEN OF WHAT COUNTRY?
may and androw Rek	far l	Eleanor	Brooks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) If yes, give wor or date of service) 57%	7-26-357 8h	informant es Eleanor.	Hepple - S	slomme, met
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(0), (b), and (c).]	redent (1	Emorrha	INTERVAL BETWEEN ONSEL AND DEATH SELECTION
Conditions, if any, which (b)	cheles 1	Mellitus		1421101
gave rise to immediate couse (o), stating the under-lying cause lost.	leno 1	elevotion	C.V. De	sans 5 years
Part II. OTHER SIGNIFICANT CONDITIONS CON 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	E HOW INJURY OCCURR	ED. (Enter nature of injury in Port	I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJUI Hour a.m. 19 While at work	Not while	LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that fattended the deceased alive on 2000 2 1958	from Dec 10	19.57, to 74	/. /	hat I last saw the deceased d on the date stated abave.
ACTUAL SIGNATURE	8A-		ORESS (Street, city or town, sto	
PHYSICIAN'S PAGE O.	TSTT	PRIN	AL FREDI	RICK
220. BURIAL, CREMATION, 22b. DATE THEREOF 22 REMOVAL (Specify) July 31, 1958	Solomono	methodis	d. LOCATION (City, town, or c	Cabello Med
23 FUNERAL DIRECTOR'S SENATURE & Con-	mutuas) Tul 240. REC'D B	Y REGISTRAR 245 REGISTR	AR'S SIGNATURE

and the state of	TE OF DEATH	THE CERTIFICA		
	and the second second second	86070E		
			Water My Horas	
				345
		Control of the last		

07785 Req. Dist. No. limits, write RORAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

12. CITIZEN OF WHAT COUNTRY?

Min.

Months

Doys

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

24g. REC'D BY REGISTRAR 3 DATE

24b. REGISTRAR'S SIGNATURE

(State)

(County)

that I last saw the deceased

VS A15 (4) 1SM 9/S5

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		255
	ul.	President Control

(Stote)

CERTIFICATE OF DEATH Reg. Dist. No. director, iled with 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) g RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OF INSTITUTION ON A FARM? YES NO P NAME OF 4. DATE First Middle Month Day Year DECEASED OF (Type or print) DEATH 19 V 9. AGEWn years lost birthdoy) F UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Days Hours Min. WIDOWED -DIVORCED T paper 108. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY LLL BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pou 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME offer COL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony Conditions, if ony, which gove rise to immediate DUE TO 8 couse (a), stoting the underlying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port 11 of item 18.) 50 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 19 Lithat I last saw the deceased 21. I certify that I attended the deceased from 2 may be retained by the h O FUNERAL DIRECTOR: A page 3 shauld be detach alive on M, fram the causes and an the date stated above. ADDRESS (Street city or town, state) DATE SIGNED

22c. NAME OF CEMETERY OR CREMATOR

ADDRESS

22d. LOCATION (City, town, or county)

REGISTRAR'S SIGNATURE

7240. REC'D BY REGISTRAR

0 15M 9/55 ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Poge

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executed comple

requires that

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physician certificate

attending

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signed

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funeral

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		Southern Sealing Assets

07787 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. cremotion 2. USUAL RESIDENCE Where deceased lived. If institution touchen before admissignt PLACE OF DEATHY a. COUNTY a. STATE b. COUNTY MARYLAND burial, 193 b. EID OR TOWN (If outside corporate limits, write BURAL C. LENGTH OF STAY IN 16 CITY OR/TOWN (If outside sorporate limits, write RURAL and give nearest town) 0 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO T NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED TO STATE OF BIRTH 9. AGE IIn years IF UNDER TYPAR IF UNDER 24 HRS Months Days Hours WIDOWED DIVORCED | yrs. 0 10g USINAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, DULING most of working life, even if retired) DIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? ATHER'S NAME 14-MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. WHORMANI Address Give 18. CAUSE OF DEATH | Enter only one cause per-like for (a), (b), and (c), INTERNAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Canditions, if any, which (b) gave rise la immediate cause DUE TO (o), stating the underlying cause last. PART III. OTHER SIGNIFICANT COMDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINANDISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPS SO PERFORMED? YES 🗀 NO 206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of thiury in Port I or Port II of item 18.) PRIMARY | ar CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 120f. (City 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour While Medical Poge 3 a. m. Nat while the at wark at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection Inquiry , and find that forwarded to the Chief FUNERAL DIRECTOR: death resulted from: Natural causes V Accident . Suicide . Homicide . Undetermined cause certificote. ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 1246. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE . TIT 5M 9/55

DEPUTY MEDICAL

THE SATURGE OF STREET, ST. S. A. S. MEDICAL EXAMINERS CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1192	Reg, Dist. No.
PLACE OF DEATH awy MARYLAN	2. USUAL RESIDENCE DV/here deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OF TOWN IN outside corporate limits, with RURAL c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If putside corporate Tiprits; write KURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDEN ON A FARA YES \(\) NO
3. NAME OF DECEASED (Type or print) Mether Low	Last 4. DATE Month Say Year OF DEATH 195
6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	May 25, 1910 9. AGE (In your IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU during most of working life, even if referred to Welface Dept.	11. ARTHPLACE (Store or fareign country) 12. CITIZEN OF WHAT COUNTY Portemouth, Ohio X.S. a.
13. PATHER'S NAME Desse B. Smith	nethe Llavideou
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (You. no) or unknown! If you give wor or dotes of service) 230-40-9869	BAN G. Rhodes - Rockville, The
18. CAUSE OF DEATH [Enter only one cause pentine for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lealisin ONSET AND DEATH
Conditions, if any, which) (b)	
gove rise to immediate cause (a), stating the underlying cause last. (c)	
BART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	OT RELATED TO THE TERMINAL DISEASE TONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
CAUSE OF DEATH.	(Enter nature of Injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. P for work of work of work 19	LACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or town) (Caunty) (State
21. I certify that I took charge of the remains described ob	ove, held on Autopsy , Inspection , Inquiry , and find t
death resulted from Natural courses Accident [], S	vicide, Homicide, Undetermined couse
ACTUAL HUMard	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S H. W. WARD	ASSISTANT MEDICAL EXAMINER D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C REMOVALISPECTY) Burial-Manuel July 12, 1958 Evergreen 1	OR CREMATORY Surial Ph. Cem Pranke Sa (State)
23. FUNERAL DIRECTOR'S SIGNATURE - Con - Multical,	Greel. DATE UL 1 1 '58 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12 2. USUAL RESIDENCE Where deceased lived. If Institutions Relidence before achiesing delay is necessary, please ral director. Page 4 shaul PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND burial, b. CLTY OR TOWN (If outside corporate tigetts, write BORAL & LENGTH OF STAY IN 16 c. CITY OF TOWN (If outside carporole limits write PURAY and give negrest town) 0 MAME OF HOSPITAL OR MISTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARA? YES NO 3. NAME OF First ATT O'Middle fit 4. DATE Lost Mont Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED ALEVER MARRIED 5. SEX 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 节中年 Months Days Hours Min. WIDOWED retained DIVORCED T yrs. 10a. USLAL OCCUPATION (Gire-kind of work done 196. KIND OF BUSINESS OR KIDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life even if retired) 12. CITIZEN OF WHAT COUNTRY? pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may poges Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which pencil alang gave rise to immediate cause buriol DUE TO (o), stoting the underlying couse lost c 0 OTHER SIGNIFICADE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE REMINALDISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 90 PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURDED. (Enter nature of injury in Port I of Port II PRIMARY OF CONTRIBUTING CAUSE OF DEATH. for ory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e 201/(City Count exa. writing the Medical While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and find that certificate, when to the Chief L DIRECTOR: 1 death resulted from: Natural causes Accident . Suicide , Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER farwarded to FUNERAL ASSISTANT MEDICAL EXAMINER remaval **EXAMINER'S** cute the NAME (Type DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 220 MAME OF CEMETERY OR CREMATORY ,22d. LQQATION/(City, town, or county) (Stote) MOVAL (Specify) 0 23/ PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS. A15ME(5) DATEJUL 1 8 5M 9/55

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